



Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD_R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence Submission:: No
Computer Readable Form (CRF)?:: No
Title:: MULTI-POSITION FENDERS
Attorney Docket Number:: 7432.185US01
Request For Early Publication:: No
Request For Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 29
Small Entity:: No
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: CRAIG
Middle Name::
Family Name:: KENNEDY
Name Suffix::
City of Residence:: VIKING
State or Province of Residence:: MINNESOTA
Country of Residence:: UNITED STATES
Street of mailing address:: 304 S. MAIN
City of mailing address:: VIKING
State or Province of mailing address:: MINNESOTA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 56760

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: TIMOTHY
Middle Name::
Family Name:: BENEDICT
Name Suffix::
City of Residence:: THIEF RIVER FALLS
State or Province of Residence:: MINNESOTA
Country of Residence:: UNITED STATES
Street of mailing address:: 14603 138TH AVE. NE
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City of mailing address:: THIEF RIVER FALLS
State or Province of mailing address:: MINNESOTA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 56701

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: NEIL
Middle Name:: T.
Family Name:: AMUNDSEN
Name Suffix::
City of Residence:: MINNEAPOLIS
State or Province of Residence:: MINNESOTA
Country of Residence:: UNITED STATES
Street of mailing address:: 4917 5TH AVE. S.
City of mailing address:: MINNEAPOLIS
State or Province of mailing address:: MINNESOTA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 55409

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
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Assignee Information

Assignee Name:: ARCTIC CAT INC.
Street of mailing address:: P.O. BOX 810, 601 SOUTH BROOKS AVENUE
City of mailing address:: THIEF RIVER FALLS
State or Province of mailing address:: MINNESOTA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 56701